

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2008 JAN 25 AM 9:57

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Tom CARNAHAN

IMPORTANT: Indicate by # type of committee you are reporting for: 16

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Tom CARNAHAN

Political Party (if applicable)

Office Sought

DAVENPORT ALDERMAN

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Thomas Payson

SIGNATURE OF PERSON FILING REPORT

563-386-2672

TELEPHONE

1/22/08

DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED 9-29-07

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11/6/07

County & Local Committees, enter County in
which Election is held

Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

-0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2,945.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

2,945.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

208.42

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

2736.58

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

769.83

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

763.24

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Tom CATWAAHAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
9/14/07	ID# CK#	CYNTHIA HEETEN 1507 EMERALD DR DAVENPORT, IA 52804		\$ 25.00	<input type="checkbox"/>
	ID# CK#	GREG LEWIS 1816 E 22ND ST DES MOINES, IA 50317		50.00	<input type="checkbox"/>
	ID# CK#	MITCHELL STUEBE 232 THOMAS TER EDWARDSVILLE, IL 62025		75.00	<input type="checkbox"/>
	ID# CK#	STEVEN SEEGL 411 N COURT OTTUMWA, IA 52501		50.00	<input type="checkbox"/>
9/20/07	ID# CK#	ROD BAKER 204 BROOKSIDE DR PARICERSBURG, IA 50665		15.00	<input type="checkbox"/>
	ID# 9681 CK# 1022	UNITED STAFF UNION OF IOWA PAC 4320 NW 2ND ST DES MOINES, IA 50313		100.00	<input type="checkbox"/>
	ID# CK#	MARCIA NICHOLS 5917 GLENDALE PL #203 JOHNSTON, IA 50131		50.00	<input type="checkbox"/>
	ID# CK# 1210	OPERATIVE PLASTERERS + CEMENT MASONS #18 PAC 400 NE JEFFERSON STE 300 PEORIA, IL 61603		25.00	<input type="checkbox"/>
	ID# CK# 2530	QUAD CITY FEDERATION OF LABOR - COPE ACCT 311 1/2 21ST ST ROCK ISLAND, IL 61201		500.00	<input type="checkbox"/>
	ID# CK#	LYNNE POTHAST 3952 HWY 146 CESMAN, IA 50106		10.00	<input type="checkbox"/>

SUB-TOTAL

\$ 900.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE		MONETARY RECEIPTS
A (Rev. 07/03)		
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Tom CATWANA

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/20/07	ID# CK#	FRANK WOOD 1135 DAWSES ELDRIDGE, IA 52748		\$ 25.00	<input type="checkbox"/>
9/20/07	ID# CK#	MISCELLANEOUS UNITED BASIC		170.00	<input type="checkbox"/>
9/26/07	ID# CK#	EARL BRAGG 2303 EMERALD DR DAV IA 52804		50.00	<input type="checkbox"/>
	ID# CK#	RANDY + LUANN TRODSON 5817 VINE DAVENPORT, IA 52804		75.00	<input type="checkbox"/>
	ID# CK#	CENTIS SIMMONS 314 VALLEY RIDGE CT BLUE GRASS, IA 52724		50.00	<input type="checkbox"/>
	ID# CK# 2552	AFSCME AFL-CIO PAC 1625 L ST NW WASHINGTON, DC 20034		500.00	<input type="checkbox"/>
	ID# CK#	AUDREY LINDSEY 1127 W 15TH ST DAVENPORT, IA 52804		20.00	<input type="checkbox"/>
	ID# CK#	MATT PAUL 4146 COLLEGE AVE DES MOINES, IA 50311		100.00	<input type="checkbox"/>
	ID# CK#	MICHAEL BLOVIN 970 GROVE TERRACE DUBUQUE, IA 52001		50.00	<input type="checkbox"/>
	ID# CK#	PETE DE KOCK 3415 EASTERN #202 DAV IA 52807		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1140.00	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 4
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Tom Carahan

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/26/07	ID# CK#	JENNIFER HALL 4746 W 132ND MAJOR CHICAGO, IL 60646		\$ 100.00	<input type="checkbox"/>
	ID# CK#	ELISHA GAYMAN 1515 KENOSHA CT DAV IA 52804		100.00	<input type="checkbox"/>
	ID# CK#	PAISY KEEHNER 1589 N HIA LN VICTORIA, IL 61485		50.00	<input type="checkbox"/>
	ID# CK#	MARY ELLEN CHAMBERLIN 709 GRAND AVE DAV IA 52803		50.00	<input type="checkbox"/>
	ID# CK#	TYRONA BOITKAMP 33 OAK LANE DAV IA 52803		50.00	<input type="checkbox"/>
	ID# CK#	ROXANNA MORITZ 220 N ELMWOOD DAV IA 52802		25.00	<input type="checkbox"/>
	ID# CK#	THOMAS WOLFE 1905 EMERALD DR DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	BROCK KENADY 2632 N CLARK DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	CHRIS GAUSN 2217 E 45TH ST DAV IA 52807		25.00	<input type="checkbox"/>
	ID# CK#	JAMES LOVELESS 7171 W 60TH ST LOT 31 DAV IA 52804		25.00	<input type="checkbox"/>
SUB-TOTAL				\$475.00	
TOTAL (if last page of this schedule)				\$	

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THE UNIVERSITY OF CHICAGO

(Including candidate's personal funds)

A

MONETARY RECEIPTS

**CHECK THIS BOX IF
AMENDING FORM**

COMMITTEE TO EJECT TOM CATNANAN

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT TOM CARNAHAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/27/07	ID# CK# 1001	POSTMASTER 902 W 2ND DAV IA 52502	STAMPS	\$ 5.70
9/26/07	ID# CK# 1002	HAYEE 2351 W LOCUST DAV IA 52804	FOOD FOR FUNDRAISER	103.22
9/26/07	ID# CK# 1003	JENK'S LITTLE HENRY 4908 N BIRK DAV IA 52806	FUNDRAISER	100.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 208.92
TOTAL (if last page of this schedule)				\$ 208.92

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Tom Catnahan

SCHEDULE

D

(Rev. 08/98)

INCURRED
INDEBTEDNESS☒ CHECK THIS BOX
IF AMENDING
FORM

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/29/07	CARLEN PRINTING 1739 E GRAND AVE DES MOINES, IA 50314	YARD SIGNS	\$ 769.83
SUB-TOTAL			\$ 769.83
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 769.83

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT TOM CATNAHAN



SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS
☒ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9-1 To 9/30/07	CITIZENS FOR A BETTER DAVENPORT 2721 E PLEASANT DAV IA 52803		CREATIVE/ CONSULTING SERVICES	\$ 450.00	<input type="checkbox"/>
			PHOTOGRAPHY		<input type="checkbox"/>
9/14/07	TOM CATNAHAN 2007 EMERALD DR DAV IA 52804	CANDIDATE	PRINTING	137.00	<input type="checkbox"/>
9/15/07	" "	"	POSTAGE	47.70	<input type="checkbox"/>
9/16/07	" "	"	LABELS 1655 PAPER 71.68	88.23	<input type="checkbox"/>
9/26/07	" "	"	FOOD-FOR FUNDRAISER	40.81	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

763.24

TOTAL (if last
page of this
schedule)

\$

763.24

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 1
(for Schedule E)